

Virginia Department of Social Services (VDSS)

Neighborhood Assistance Tax Credit Program (NAP)

FY 2019-2020

Application Review

The information provided is specific to organizations submitting an application to the VDSS and does not include details for an education organization applying to the Department of Education (DOE).

# Purpose of Program

- NAP was established in 1981 by the Virginia General Assembly and works to encourage businesses, trusts or individuals to donate directly to NAP-approved non-profit organizations whose primary function is providing services to a low-income person.
  - “Low-income person” means an individual whose family's annual household income is not in excess of 300 percent of the current federal poverty guidelines.
- An individual, business, including a trust, may be eligible to receive tax credits when making a qualified donation. The NAP organization may offer tax credits up to a maximum of 65 percent of the value of the donation.

# Tax Credits

- **\$17 million in tax credits**
  - \$8 million for general human services organizations
    - Administered by VDSS
  - \$9 million for education organizations
    - Administered by DOE
  - Organizations are approved for 12-months.
    - (July 1st – June 30th)
- Organizations must reapply each year by the first business day of May.

# Allocation Process

- **Current participants**

- The allocation for FY 2019 – 2020 will be determined based on the average amount of tax credits used over the last four years or less depending on the number of years in the program.
  - ✓ Amounts may be reduced to stay within the Code of Virginia caps.
  - ✓ Donor forms (CNF) must be received in the NAP office no later than June 18th in order to be added to the organization's the 4-year average usage calculation for FY 2019 - 2020.
- No set aside amount for a new NAP participant.
- The full \$8 million is allocated by July 1<sup>st</sup>.

# Code of Virginia Affiliate Rule

- **§ 58.1-439.20 of the Code** *“In order for a proposal to be approved, the applicant neighborhood organization and any of its affiliates shall meet the requirements of the application regulations or guidelines.*
  - ***This rule does not apply if an organization received an allocation of NAP tax credits in Fiscal Year 2013-2014.***
- "Affiliate" means with respect to any person, any other person directly or indirectly controlling, controlled by, or under common control with such person. For purposes of this definition, "control" (including controlled by and under common control with) shall mean the power, directly or indirectly, to direct or cause the direction of the management and policies of such person whether through ownership or voting securities or by contract or otherwise.

# Eligibility Requirements

**The applicant and any of its affiliates must:**

- be exempt from income taxation under the provisions of § 501(c)(3) and 501(c)(4) IRS code;
- must have been in operation providing neighborhood assistance to low-income persons for at least 12 months;
- must demonstrate at least 75 percent of total revenue received is expended to support their ongoing programs each year;
- must demonstrate at least 50 percent of the people served are low-income;
- must demonstrate at least 50 percent of the total revenue is used to provide services to low-income persons;
- the audit, review or compilation must not contain any significant findings or areas of concern for the ongoing operation of the neighborhood organization.

# Eligibility Requirements

- The applicant and each affiliated entity must have financial statements for the most recent year ended either audited, reviewed, or a compilation prepared by an outside independent certified public accountant.
- If the total revenue for most recent year ended is **greater than \$100,000**, the financial statements **must be either audited or reviewed**.
- If the total revenue for the most recent year ended is **no greater than \$100,000**, then the financial statements **may be compiled**, provided that the financial statements do not omit all of the disclosures required by the financial reporting framework.
- Example of most recent year ended: 1/1/18 – 12/31/18, 7/1/17 – 6/30/18, 10/1/17 – 9/30/18, 5/1/17 – 4/30/18 or other current dates.

# Application

The Neighborhood Assistance Program application instructions and application for FY 2019 – 2020 can be found on the Virginia Department of Social Services web page under Announcements:






<http://www.dss.virginia.gov/community/nap.cgi>

- Read the instructions prior to completing the application.



# Completing the Application

- Line 1 – Enter the official name of the organization (*No abbreviations or acronyms*). The name listed must match the 501 (c) (3) document.
- Line 2 – Enter the federal identification number.
- Line 3 – Enter the business mailing address.

|                              |   |
|------------------------------|---|
| 1. Organization Name:        |    |
| 2. Federal ID #:             |   |
| 3. Business Mailing Address: |  |
| PO Box or Street:            |  |
| City, State, Zip:            |  |

# Completing the Application

- Line 4 - Enter the phone number that you would prefer to have published on the VDSS web page.
- Line 5 - Enter the fax number.
- Line 6 - Enter the name, title and email address of the CEO or Executive Director.
- Line 7 - Enter the name, title and email address of the staff person who will be administering NAP on behalf of the organization.

|  |  |
|--|--|
| 4. Phone Number:   | <input type="text"/>   |
| 5. Fax Number:   | <input type="text"/>   |
| 6. Name, Title and Email address of CEO or Executive Director: | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. |
| Name:  | <input type="text"/>   |
| Title:   | <input type="text"/>   |
| Email address:   | <input type="text"/>   |
| 7. Name, Title and Email address of Contact Person for NAP:    | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. |
| Name:  | <input type="text"/>   |
| Title:   | <input type="text"/>   |
| Email address:   | <input type="text"/>   |

# Completing the Application

- Line 8 – Provide the neighborhood organization’s website information.
- Line 9 – Enter the city or county of main office.
- Line 10 – Enter the code for type of service offered (refer to the instructions).
- Line 11 – Did this organization receive an allocation of NAP tax credits from VDSS for FY 2018 – 2019? Yes or No

|  |  |
|--|--|
| 8. Web Site:   | <input type="text"/>                                     |
| 9. City or County of Main Office:  | <input type="text"/>                                     |
| 10. Code for Type of Services Offered: (Enter only one code)<br>(Refer to the instructions)      | <input type="text"/>                                     |
| 11. Did this organization receive an allocation of NAP tax credits from VDSS for FY 2018 – 2019? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |   |
|--|---|
| 1 - Youth / Domestic Violence Shelter              | 12 - Substance Abuse Counseling         |
| 2 - Homeless Shelter                               | 13 - Food Banks                         |
| 3 - Housing  | 14 - Job Training / Employment Services |
| 4 - Youth Activities / Youth Center                | 15 - Literacy Programs                  |
| 5 - Home / Center for the Disabled                 | 16 - Child Care Programs                |
| 6 - Comprehensive Emergency Services               | 17 - Water / Waste Water Program        |
| 7 - Senior Citizens Services                       | 18 - Transportation Service             |
| 8 - Legal Services                                 | 19 - Ex-Offender Services               |
| 9 - Health Care Services                           | 20 - AIDS Program Related Services      |
| 10 - Teen Pregnancy / Family Planning / Counseling | 21 - Other                              |

# Completing the Application

- Line 12 – Does this organization operate an on-site health clinic? Yes or No
- Line 13 - Did this organization merge with another VDSS NAP organization within the past four years? Yes or No
  - If yes, list name of other organization.
- Line 14 – Does the organization have any affiliated entities indicated in the audit, review, compilation or Federal Form 990?
  - If yes, list the name(s) of each affiliated entity.
  - If yes, but you received an allocation of tax credits in 2013-2014, then enter “received an allocation of tax credits in 2013-2014.”

|  |   |
|--|---|
| 12. Does this organization operate an on-site health care clinic?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 13. Did this organization merge with another VDSS NAP organization over the past four years?   | <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list name of other organization:<br><input type="text"/>            |
| 14. Does this organization have any affiliated entities indicated in the audit, review or compilation report?<br><br>Enter name of each affiliated entity: | <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list the name(s) of each affiliated entity:<br><input type="text"/> |

# Completing the Application

- Line 15 - enter the total amount of anticipated NAP eligible donations the organization expects to receive beginning July 1, 2019 to June 30, 2020 to support low-income people.
  - An individual donation of at least \$500, but no more than \$125,000 in a taxable year or a business, including a trust, donation of at least \$616 in a taxable year may qualify as NAP eligible. (Refer to instructions for restrictions).



15. Enter the anticipated amount of NAP eligible donations the organization expects to receive from 7/1/19 – 6/30/20 to support low-income people. (Refer to the instructions)

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# Attachment A

## Certification of Income Levels Served

- Attachment A must be completed by the applicant and any of its affiliated entities.
- If the table pertains to the affiliated entity, list the name of the affiliated entity in the upper box and the name of the applicant organization in the lower box.

|  |   |
|--|---|
| Name of Applicant Organization or<br>Affiliated Entity:                              |   |
| If Affiliated Entity is listed above, provide<br>the name of Applicant Organization: |  |

# ATTACHMENT A

## CERTIFICATION OF INCOME LEVELS SERVED

**A separate Attachment A is provided for an organization that is a food bank.**

- Enter the time period used to complete the table. Complete the table using data from the most recent year ended audit, review or compilation. (Example of most recent year ended: 1/1/18 – 12/31/18, 7/1/17 – 6/30/18, 10/1/17 – 9/30/18, 5/1/17 – 4/30/18 or other current dates).
  - For *new applicants*, the time periods that may be used for determining the number of low-income persons served by your organization include (i) the most recent calendar year ended, (2018), (ii) completed program year, (2017-2018), or (iii) the organization's most recent fiscal year ended.
  - For *returning applicants*, the time period for determining the number of low-income persons served by the organization must be the same period used for last year's application.
- ✓ *Note: The time period for determining the number of low-income persons served cannot be for any period after the submission date of this application.*

Enter the time period used to complete the table from the most recent year ended audit, review or compilation or Federal Form 990 as indicated above.

Start Date:



End Date:





# Attachment A

## Certification of Income Levels Served

- Line 1 & 2 - Enter the total revenue and expenses reported on the most recent year ended audit, review or compilation. (Example of most recent year ended: 1/1/18– 12/31/18, 7/1/17 – 6/30/18, 10/1/17 – 9/30/18, 5/1/17 – 4/30/18 or other current dates).
- Complete the chart using the numbers from most recent year ended Federal Form 990 if the audit, review or compilation has not been completed.
  - ✓ Mark the numbers as unaudited if the CPA has not finalized the most recent year ended audit or Federal Form 990 used for completing Attachment A.

|   |                         |
|---|-------------------------|
| 1. Enter the Total <u>Revenue</u> reported on the most recent year ended audit or Federal Form 990 as indicated above.  | \$ <input type="text"/> |
| 2. Enter the total <u>Expenses</u> reported on the most recent year ended audit or Federal Form 990 as indicated above. | \$ <input type="text"/> |

# Attachment A

## Certification of Income Levels Served

Line 3 & 4 - The requested information **must include all of the programs within the organization and reflect the total operation of the organization**, not just one or more programs conducted by the organization. **If an individual received more than one type of service, only count the person once – this an unduplicated count.**

- Line 3 – Enter the total number of people assisted by or using services for **all of the programs** provided by the organization during the most recent calendar year, program year or fiscal year.
- Line 4 – Enter the total funds spent assisting or providing services to

3. Enter the total number of people assisted by or using services for all of the programs provided by the organization during the most recent calendar year, program year, or fiscal year.

4. Enter the total funds spent in assisting or providing services for all of the programs provided to people during the most recent calendar year, program year, or fiscal year.

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# Attachment A

## Certification of Income Levels Served

Use the Federal Poverty Guidelines included in the application instructions to determine household income of clients served.

- Line 5 - Enter the number of people served in Virginia whose family's annual household income is at or below 200 percent of the federal poverty guidelines (FPG).
- Line 6 - Enter the total funds spent in assisting or providing services to people in Virginia whose family's annual household income is at or below 200 percent of the FPG.

|  |                         |
|--|-------------------------|
| 5. Enter the number of people served in Virginia whose family's annual household income is at or below 200% of the federal poverty guidelines (FPG).           | <input type="text"/>    |
| 6. Enter the total funds spent in assisting or providing services to people in Virginia whose family's annual household income is at or below 200% of the FPG. | \$ <input type="text"/> |

### 2019 FEDERAL POVERTY GUIDELINES (FPG)

| Household Size  | 100%      | 200%      | 300%       |
|---|-----------|-----------|------------|
| 1   | \$ 12,490 | \$ 24,980 | \$ 37,470  |
| 2   | \$ 16,910 | \$ 33,820 | \$ 50,730  |
| 3   | \$ 21,330 | \$ 42,660 | \$ 63,990  |
| 4   | \$ 25,750 | \$ 51,500 | \$ 77,250  |
| 5   | \$ 30,170 | \$ 60,340 | \$ 90,510  |
| 6   | \$ 34,590 | \$ 69,180 | \$ 103,770 |
| 7   | \$ 39,010 | \$ 78,020 | \$ 117,030 |
| 8   | \$ 42,380 | \$ 84,760 | \$ 127,140 |
| For families/households with more than 8 persons, add \$4,320 for each additional person. |           |           |            |



### 2018 FEDERAL POVERTY GUIDELINES (FPG)

| Household Size  | 100%      | 200%      | 300%       |
|---|-----------|-----------|------------|
| 1   | \$ 12,140 | \$ 24,280 | \$ 36,420  |
| 2   | \$ 16,460 | \$ 32,920 | \$ 49,380  |
| 3   | \$ 20,780 | \$ 41,560 | \$ 62,340  |
| 4   | \$ 25,100 | \$ 50,200 | \$ 75,300  |
| 5   | \$ 29,420 | \$ 58,840 | \$ 88,260  |
| 6   | \$ 33,740 | \$ 67,480 | \$ 101,220 |
| 7   | \$ 38,060 | \$ 76,120 | \$ 114,180 |
| 8   | \$ 42,380 | \$ 84,760 | \$ 127,140 |
| For families/households with more than 8 persons, add \$4,320 for each additional person. |           |           |            |

# Attachment A

## Certification of Income Levels Served

- Line 7 - Enter the number of people served in Virginia whose family's annual household income is above 200 percent but at or below 300 percent of the federal poverty guidelines (FPG).
- Line 8 - Enter the total funds spent in assisting or providing services to people in Virginia whose family's annual household income is above 200 percent but at or below 300 percent of the FPG.

7. Enter the total number of people served in Virginia whose family's annual household income is above 200% but at or below 300% of the FPG.

8. Enter the total funds spent in assisting or providing services to people in Virginia whose family's annual household income is above 200% but at or below 300% of the FPG.

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# Attachment A

## Certification of Income Levels Served

- Line 9 - Enter the number of people served outside of Virginia whose family's annual household income is at or below 300 percent of the FPG.
- Line 10 - Enter the total funds spent in assisting or providing services to people outside of Virginia whose family's annual household income is at or below 300 percent of the FPG.

|   |                         |
|---|-------------------------|
| 9. Enter the number of people served outside of Virginia whose family's annual household income is at or below 300% of the FPG.   | <input type="text"/>    |
| 10. Enter the total funds spent in assisting or providing services to people outside of Virginia whose family's annual household income is at or below 300% of the FPG. | \$ <input type="text"/> |

# Attachment A

## Certification of Income Levels Served

- Line 11 - (Line 12 if using Attachment A for a food bank). - Add Lines 5 and 7 (Add lines 6 and 8 for a food bank). This is the total number of low-income people in Virginia assisted by or using services provided by the organization.
- Line 12 – (Line 13 if using Attachment A for a food bank ). Add Lines 6 and 8. (Add lines 7 and 9 for a food bank). This is the total funds spent assisting or providing services to low-income people in Virginia.

|  |                         |
|--|-------------------------|
| 11. Add Lines 5 and 7. This is the total number of low-income people in Virginia assisted by or using services provided by the organization. | <input type="text"/>    |
| 12. Add Lines 6 and 8. This is the total funds spent assisting or providing services to low-income people in Virginia.                       | \$ <input type="text"/> |

|  |                         |
|--|-------------------------|
| 12. Add Lines 6 and 8. This is the total number of agencies receiving food that provided services to low-income people in Virginia.      | <input type="text"/>    |
| 13. Add Lines 7 and 9. This is the total funds spent providing food to agencies that provided services to low-income people in Virginia. | \$ <input type="text"/> |

# Attachment A1

## Income Levels Served

**A separate Attachment A1 is provided for an organization that is a food bank.**

- Describe the data, resources, procedures and methodology used to determine the income levels of the total persons served. Be specific about what data is used to determine if the person served has a household income that is not in excess of 300 percent of the federal poverty guidelines, and how this data is acquired.
- Describe how often the household income information is updated.
- If the population you currently serve has changed and does not mirror the information provided on Attachment A, please explain. (If not applicable, write N/A)



# Attachment B – Localities Served

- Place an “X” by all localities in which the organization will actively provide services. If the organization provides statewide services place an “X” at Statewide Services.

|   |                        |                          |              |                          |                 |                          |                  |                          |              |
|---|------------------------|--------------------------|--------------|--------------------------|-----------------|--------------------------|------------------|--------------------------|--------------|
| Please check all localities in which the organization will actively provide services. If the organization provides statewide services check here: Statewide Services <input type="checkbox"/> |                        |                          |              |                          |                 |                          |                  |                          |              |
| <input type="checkbox"/>  | Accomack               | <input type="checkbox"/> | Albermarle   | <input type="checkbox"/> | Alexandria City | <input type="checkbox"/> | Alleghany        | <input type="checkbox"/> | Amelia       |
| <input type="checkbox"/>  | Amherst                | <input type="checkbox"/> | Appomattox   | <input type="checkbox"/> | Arlington       | <input type="checkbox"/> | Augusta          | <input type="checkbox"/> | Bath         |
| <input type="checkbox"/>  | Bedford (Bedford City) | <input type="checkbox"/> | Bland        | <input type="checkbox"/> | Botetourt       | <input type="checkbox"/> | Bristol          | <input type="checkbox"/> | Brunswick    |
| <input type="checkbox"/>  | Buchanan               | <input type="checkbox"/> | Buckingham   | <input type="checkbox"/> | Buena Vista     | <input type="checkbox"/> | Campbell         | <input type="checkbox"/> | Caroline     |
| <input type="checkbox"/>  | Carol                  | <input type="checkbox"/> | Charles City | <input type="checkbox"/> | Charlotte       | <input type="checkbox"/> | Charlottesville  | <input type="checkbox"/> | Chesapeake   |
| <input type="checkbox"/>  | Chesterfield           | <input type="checkbox"/> | Clarke       | <input type="checkbox"/> | Colonial Beach  | <input type="checkbox"/> | Colonial Heights | <input type="checkbox"/> | Covington    |
| <input type="checkbox"/>  | Craig                  | <input type="checkbox"/> | Culpeper     | <input type="checkbox"/> | Cumberland      | <input type="checkbox"/> | Danville         | <input type="checkbox"/> | Dickenson    |
| <input type="checkbox"/>  | Dinwiddie              | <input type="checkbox"/> | Emporia      | <input type="checkbox"/> | Essex           | <input type="checkbox"/> | Fairfax          | <input type="checkbox"/> | Falls Church |

# Attachment C – Description of Programs

- Describe the organization's programs. Explain how the organization is meeting the requirement of primarily providing assistance to low-income people in Virginia. Use additional pages as needed.
- Mission Statement and date adopted by Board, if applicable. If the Mission Statement is different from the description shown in the audit report, review, or compilation, please explain:
- If the organization operates an on-site health care clinic in addition to other programs, please describe the type and frequency of services offered at the clinic. (If not applicable, put N/A)
- Describe how NAP donations will be used to support the organization's low-income programs.

# Attachment D - Goals/Objectives

- Provide a **statement** of the organization's program **goals/objectives**.
- List the measurable outcomes that are expected to occur during FY 2019-2020 for **ALL** of the **organization's low-income programs**.
- Discuss the method that will be used to evaluate the program's effectiveness. Use additional pages as needed.

# Attachment E











## Measurable Outcomes Evaluation Report

- List the measurable outcomes/accomplishments that occurred beginning July 1, 2018 – present for **ALL** of the **organization's low-income programs**. Use additional pages as needed.

**A = Actual** number of people served at or below 200% of the Federal Poverty Guidelines.

**B = Actual** number of people served above 200% but at or below 300% of the Federal Poverty Guidelines.

**C = Actual** number of people served not reported in the columns to the left.

| ACTIVITY/GOAL<br>OUTCOMES ACHIEVED              |   | A   | B   | C   |
|---|---|---|---|---|
| ACTIVITY /<br>GOAL<br>(previous<br>application) |    |    |    |    |
| OUTCOMES<br>ACHIEVED                            |  |   |   |   |
| ACTIVITY /<br>GOAL<br>(previous<br>application) |  |  |  |  |
| OUTCOMES<br>ACHIEVED                            |  |   |   |   |

# Attachment F & G

## Adjustment to Audited Numbers

- Attachment F & G is only required if the organization's audit review or compilation DOES NOT demonstrate "at least 75 percent of total revenue received is expended to support their ongoing programs each year."
- Attachment F & G must be prepared by a CPA, if required.

|                                     |            |  |
|-------------------------------------|------------|--|
| Total Unrestricted Revenue          | from audit |  |
| Additions:                          |            |  |
| In-Kind donations                   |            |  |
| Other (explain on a separate sheet) |            |  |
| Gross Revenue                       |            |  |
| Less:                               |            |  |
| Adjustment to cash receipts         |            |  |
| Deferred Revenue                    |            |  |
| Unrealized Gain                     |            |  |
| Other (explain on a separate sheet) |            |  |
| Total Subtractions                  |            |  |
| Adjusted Unrestricted Revenue       |            |  |

Total Unrestricted Revenue should be the post-audit total.

Record In-Kind Donations if not listed in Audit

Other revenue additions must be explained on a separate page.

This adjustment subtracts year-end unrestricted receivables and adds prior year-end unrestricted receivables as reported on the balance sheet. Revenue has been received and recognized as income, but relates to expenses of a future accounting period. Future commitment should be disclosed in financial statement footnote.

List Unrealized Gain Recorded as Revenue

Other revenue subtractions must be explained on a separate page.

The Adjusted Unrestricted Revenue total is "total revenue received" for NAP application purposes.

# Assurance Statements

- Sign and date the Assurance Statements

*I, the undersigned officer or other person authorized to act on behalf of the organization, declare that this form (including all accompanying attachments and documentation) is, to the best of my knowledge and belief, a true, correct and complete application, made in good faith pursuant to the requirements prescribed by the Virginia Department of Social Services. I understand this application will be denied if not received by the due date or if any part of the application is missing or incomplete.*

*I assure the Virginia Department of Social Services that any tax credit-derived donations received under the Neighborhood Assistance Act Tax Credit Program will be used to provide services to low-income persons residing in the Commonwealth of Virginia whose family's annual household income is not in excess of 300 percent of the current federal poverty guidelines, collecting all necessary documentation that demonstrates compliance with the household income requirements.*

*I understand that participating in NAP obligates my organization to keep donor records confidential; work with the donors to assure a timely and accurate completion and submission of the Contribution Notification Forms (CNFs) including supporting documentation for all donations; maintain in my facility and make records pertaining to NAP transactions available to VDSS for a period of five (5) years; and abide by all applicable NAP laws and VDSS regulations*

# Application - Required Supporting Documents

The documents listed below must be included in the application package.

- A copy of the organization's 501(c) (3) or 501(c) (4) status documentation.
- A copy of the organization's brochure, pamphlet or flyer that describes the programs.
- A copy of the organization's current federal form 990.
- A copy of the Department of Agriculture and Consumer Services (VDACS), Division of Consumer Affairs exemption letter or current registration from the Web site at [http://cos.va-vdacs.com/cgi-bin/char\\_search.cgi](http://cos.va-vdacs.com/cgi-bin/char_search.cgi) OR a copy of VDACS Application for Renewal and a copy of the cancelled check if the organization's registration has expired.

FORM 102 OR EXEMPTION LETTER  
REQUIRED WITH NAP APPLICATION

Department of Agriculture & Consumer Services

Division of Consumer Protection

Office of Consumer Affairs

102 Governor Street

Richmond, Virginia 23219

Phone: 800-828-1120 or 804-786-1343

Forms are on Internet

[www.vdacs.virginia.gov/](http://www.vdacs.virginia.gov/)

Click on Consumers

Click on Charitable Solicitation

Under the Heading

Registered Charitable Organization Database

Click on Search the Registered Charitable Organization  
Database

Click in the box beside the Organization Name

Type in the organization's name and click on Search

Click on the correct organization's name

Print the screen showing the organization's registration is  
current and submit with the NAP Application



# Application - Required Supporting Documents

- A copy of the organization's most recent year ended audit, review or compilation prepared by an outside independent CPA. (**If the audit, review or compilation is not ready by the application deadline, the information must be received by VDSS on or before 5:00 p.m. May 31, 2018).**
- Do not submit a copy of the audit, review or compilation with the application unless it meets the requirement: The audit, review or compilation must be for the one of the following periods: 1/1/18–12/31/18, 7/1/17 – 6/30/18, 10/1/17 – 9/30/18, 5/1/17 – 4/30/18 or other current dates.

# Application Process

- **Mail** the application and all attachments to:  
Virginia Department of Social Services  
Neighborhood Assistance Program  
801 E. Main Street, 15<sup>th</sup> Floor  
Richmond, VA 23219
- The application must be received in the office of VDSS by **5:00 PM, Wednesday, May 1, 2018**. Applications received after this date and time will not be accepted.

# Application - Required Affiliate Documents

- Application - Attachment A - Certification of Income Levels Served
- Application - Attachment A1 – Income Levels Served
- Application - Attachment F & G, if applicable
- A copy of the affiliate's federal form 990
- A copy of the affiliate's most recent year ended audit, review or compilation by **Friday, May 31, 2018.**

# Application Package Checklist

- Complete the application checklist to ensure all documents are included.
  - Write N/A if the document is not required. Do not submit the document if it is not required.
    - Measureable Outcomes report, required for current participants.
    - Attachment F & G, required if organization does not meet the 75% program expenditure requirement.
- Write the anticipated date of submission for the audit, review or compilation if not included with the application package.
- The audit, review or compilation for the organization's most current year ended must be received in the office of VDSS by 5:00 p.m. on Friday, May 31, 2018.

# NAP Resources

If you need additional information on the Neighborhood Assistance Program contact:

Wanda Stevenson  
Program Manager  
(804) 726-7924

Jessica Jones  
Community Service Program Specialist  
(804) 726- 7920

Email NAP at [NAP@DSS.virginia.gov](mailto:NAP@DSS.virginia.gov)